COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES
IMMUNIZATION PROGRAM
CHARACTERISTICS OF PATIENTS SEEKING CARE FROM LOS ANGELES COUNTY PUBLIC IMMUNIZATION CLINICS, APRIL-MAY 2003 VS. AUGUST-SEPTEMBER 1999
October 2003

BACKGROUND

The Los Angeles County (LAC) Immunization Program conducted a study in 1999 to determine the impact of then recent health care financing changes on the utilization of free public immunization clinics in LAC. During the months of April through May of 2003, a follow-up study was conducted to ascertain whether the characteristics of individuals seeking immunizations from the same Department of Health Services (DHS) public clinics had changed four years later, and whether the same barriers to immunization that faced individuals in the 1999 study continue to prevent current clinic clients from conveniently utilizing immunization health services.

METHODS

	2003 Survey	1999 Survey
Time period of survey administration	April 10 through May 6, 2003	August 20 through September 13, 1999
Surveyed clinics	LAC Public Health Centers With Immunization Clinics	LAC Public Health Centers With Immunization Clinics
Inclusion criteria	▪ Adult accompanying a <19 year old child (at time of survey administration) to clinic for immunization services ▪ Only 1 survey administered per family. If more than one child is identified, the youngest would be the subject of the survey	▪ Adult accompanying a <13 year old child (at time of survey administration) to clinic for immunization services ▪ Only 1 survey administered per family. If more than one child is identified, the youngest would be the subject of the survey
Exclusion criteria	Any individuals who could not speak or understand English or Spanish fluently	Any individuals who could not speak or understand English or Spanish fluently
Survey administration method	Questionnaire verbally administered by interviewer at a survey clinic to the first 50 individuals who met the inclusion criteria	Questionnaire verbally administered by interviewer at a survey clinic to the first 30 individuals who met the inclusion criteria
Survey topics	▪ Reasons for seeking immunization services at the public clinic ▪ Other facilities utilized for immunization/other health care services ▪ Immunization costs ▪ Insurance coverage ▪ Barriers to accessing immunizations in the private sector ▪ Family demographic information ▪ Impact of any clinic closures	▪ Reasons for seeking immunization services at the public clinic ▪ Other facilities utilized for immunization/other health care services ▪ Immunization costs ▪ Insurance coverage ▪ Barriers to accessing immunizations in the private sector ▪ Family demographic information (excluding zip code of current residence)

The two-sided Fisher's Exact Test was utilized to assess any statistically significant differences ($p<.05$) in survey topic between the two clinic surveys.

EXECUTIVE SUMMARY

OBJECTIVES:

- Two surveys conducted at Public Health Immunization Clinics: August – September 1999 and April – May 2003.

  - To ascertain whether the characteristics of public immunization clinic clients has changed.
  - To ascertain whether the same barriers to immunizations faced in the 1999 survey still exist in 2003.

KEY RESULTS:

PROFILE OF CLINIC CLIENTS:

- The majority of survey participants in both surveys (2003: 62.0%; 1999: 57.5%) were Hispanic. The second largest proportion of respondents shifted from Blacks in the 1999 survey to Asian/Pacific Islanders in the 2003 survey (PAGE 4).

- The "Under 1 Year" and "1 – 4" age groups demonstrated a statistically significant increase from 5.0% and 19.1%, respectively, in the 1999 survey to 10.0% and 32.6%, respectively, in the 2003 survey. The "5 – 9" age group exhibited a statistically significant decrease from 36.8% in 1999 to 16.0% in 2003. However, the overall mean age was the same for both surveys (7 years, 10 months ± 5 months) (PAGE 5).

- Most of the children surveyed were born in the United States (2003: 72.6%; 1999: 76.9%), and the majority of children were residing in the United States legally. However, the proportion of children in both surveys who were residing in the United States illegally exhibited a statistically significant increase from the1999 survey (14.1%) to the 2003 survey (22.0%) (PAGE 5).

- A slight majority of survey respondents in both surveys were uninsured (2003: 58.2%; 1999: 54.8%), although estimates at the individual clinics varied dramatically (2003: 35%-78%; 1999: 33%-77%) (PAGE 5).

- The three primary methods in which the clients heard about the specific clinic at which they were surveyed remained the same in both surveys: friend/family, child's school/child care, and familiarity with the clinic (PAGE 5).

ANALYSIS BY INSURANCE STATUS:

- A statistically significant increase in the number of clients using government assistance as the primary payment source for their children's medical care (and a corresponding statistically significant decrease in private insurance as the primary source) occurred between 1999 (government assistance: 45.1%; private insurance: 50.4%) and 2003 (government assistance: 68.2%; private insurance: 27.5%) (PAGES 5-6).

  - Asian or Pacific Islander, Hispanic/Latino and White respondents with government assistance increased over 90% from 1999 to 2003. Only the primary insurance status of Black respondents remained relatively stable between the two surveys. See table below.

	GOVERNMENT ASSISTANCE		PRIVATE	
	1999	2003	1999	2003
AMERICAN INDIAN / ALASKAN NATIVE	100%	100%	0%	0%
ASIAN OR PACIFIC ISLANDER	12.5%	35.1%	75.0%	59.5%
BLACK	62.5%	59.3%	35.0%	37.0%
HISPANIC/ LATINO	44.3%	84.4%	49.2%	13.3%
WHITE	29.4%	59.4%	70.6%	37.5%
OTHER	16.7%	14.3%	83.3%	42.9%

- The percent of respondents with insurance coverage showed relatively little change between 1999 (insured: 44.5%; uninsured 54.8%) and 2003 (insured: 40.9%; uninsured 58.2%). Similarly, respondents' overall understanding that their insurance paid for immunizations (i.e., immunization coverage) changed little between 1999 (immunizations covered: 45.9%; immunizations not covered: 54.1%) and 2003 (immunizations covered: 50.5%; immunizations not covered: 49.5%). (PAGES 6-7).

    - However, for those respondents with government assistance, the understanding of immunization coverage noticeably increased from 40.4% in 1999 to 51.1% in 2003. This is solely due to a dramatic increase in Black respondents (0.0% in 1999 to 93.3% in 2003) while every other race group's knowledge decreased between the two surveys. (PAGES 6-7).

- For individuals with or without medical insurance, "close to home/easy transportation" was the primary reason for clinic selection in 2003 (insured: 30.7%; uninsured: 31.1%) and 1999 (insured: 31.5%; uninsured: 34.2%). Among uninsured respondents in 2003, "clinic-specific amenities" (25.2%) slightly outranked "cost and insurance" (23.4%) as the second reason for clinic selection. For uninsured respondents in 1999, "cost and insurance" (28.3%) outranked "clinic-specific amenities" (20.4%) as the second reason for clinic selection (PAGE 7).

- Regardless of insurance status, the majority of respondents sought previous immunizations at a county clinic in both 1999 (insured: 39.8%; uninsured: 54.0%) and 2003 (insured: 55.7%; uninsured: 50.2%) (PAGES 7-8).

- Among the 2003 insured respondents, their primary alternative location for immunizations, if the current public health clinic were closed, was not the private doctor/HMO clinic as their counterparts in 1999 indicated, but rather another county/community clinic (34.2%). The most dramatic finding, however, is the large proportion of insured (23.5% in 2003 and 13.7% in 1999) and uninsured (27.8% in 2003 and 34.3% in 1999) respondents in both surveys who did not know where they would take their children for immunizations in the event of such a clinic closure (PAGES 8-9).

- Unemployment, as a reason for not having medical insurance, displayed a statistically significant increase across survey years in the under 29 age group (25.0% in 2003 and 0.0% in 1999) (PAGE 9).

CLINIC CLOSURE ASSESSMENT:

- Only 7.2% (n=38) of respondents in the 2003 survey indicated that they used to go to a clinic for their children's immunizations that was closed at, or prior to, the administration of the survey (PAGE 10).

TRAVEL TO CLINICS:

- Respondents traveled a median of 2 miles, with a range of 0 - 326 miles (PAGE 10).

RESULTS

In this report, the results are grouped into five categories:

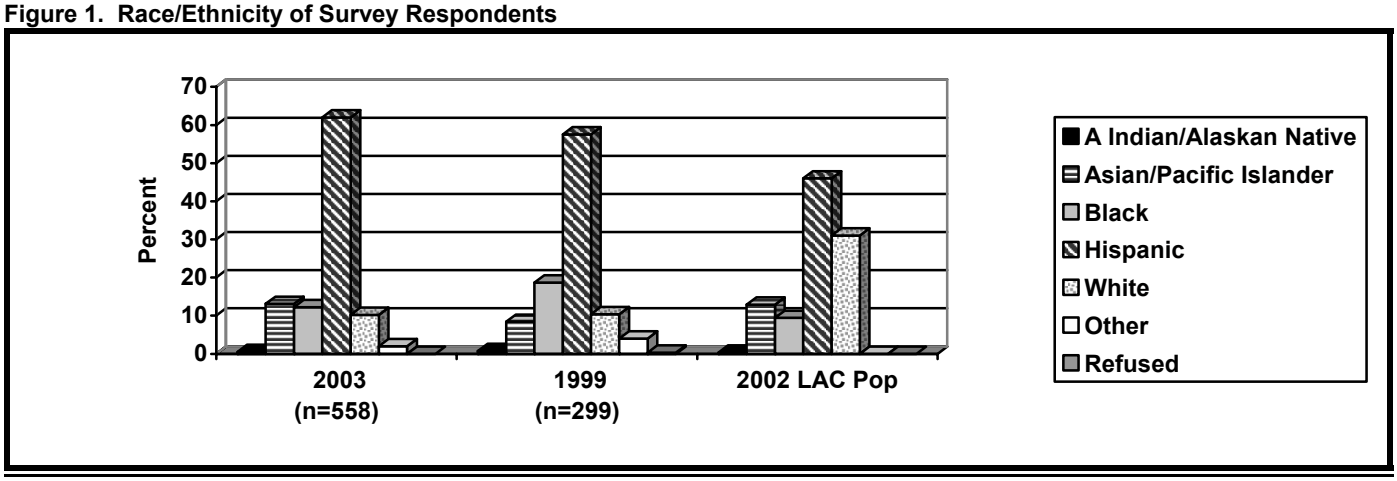
I. Sample Size
II. Profile of Clinic Clients
III. Analysis by Insurance Status
IV. Clinic Closure Assessment
V. Travel to Clinics

I. Sample Size

In 2003, 558 eligible surveys were collected at 11 public health clinics throughout LAC, with each clinic contributing 8.8%-9.9% to the total 2003 survey sample. In 1999, 299 eligible surveys were collected at 10 public health clinics, and each clinic contributed 9.7%-10.0% to the total 1999 survey sample. Antelope Valley Health Center was the additional public health clinic added in 2003.

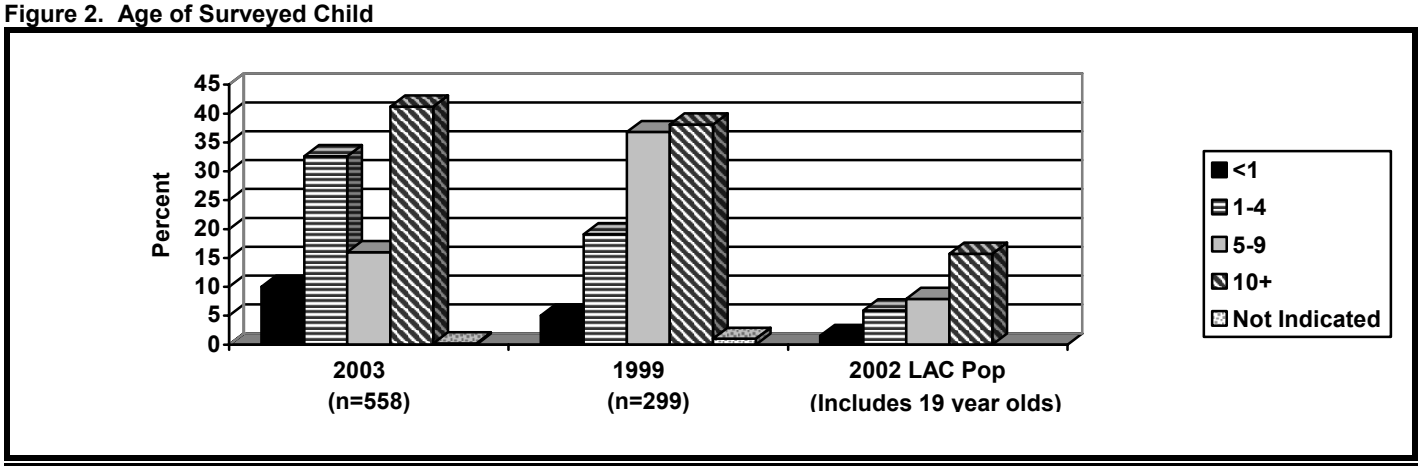
II. Profile of Clinic Clients (Table 1)

Figure 1. Race/Ethnicity of Survey Respondents



The majority of survey participants in both surveys (2003: 62.0%; 1999: 57.5%) were Hispanic. The second largest proportion of respondents shifted from Blacks in the 1999 survey to Asian/Pacific Islanders in the 2003 survey, possibly in part to the increase in this population in LAC. The proportion of Black respondents in the 2003 (12.2%) survey exhibited a statistically significant decrease of approximately 35% from the proportion represented in the 1999 survey (18.7%). Whites only represented approximately 10% of the survey respondents in both surveys, indicating that minority populations primarily continue to utilize the public health clinics.

Figure 2. Age of Surveyed Child



The ages of the children surveyed in the 2003 study ranged from 2 months through 18 years, 3 months (median: 6 years, 1 month). In the 1999 survey, the range was 2 months to 12 years, 9 months (median: 8 years, 2 months). The "Under 1 Year" and "1 – 4" age groups demonstrated a statistically significant increase from the 1999 to 2003 survey, while the "5 – 9" age group exhibited a statistically significant decrease.

The median age of the interviewee remained the same in both surveys (35 years).

Most of the children surveyed were born in the United States (2003: 72.6%; 1999: 76.9%), and the majority of children were residing in the United States legally. However, the proportion of children in both surveys who were residing in the United States illegally exhibited a statistically significant increase from the 1999 (14.1%) to the 2003 (22.0%) survey.

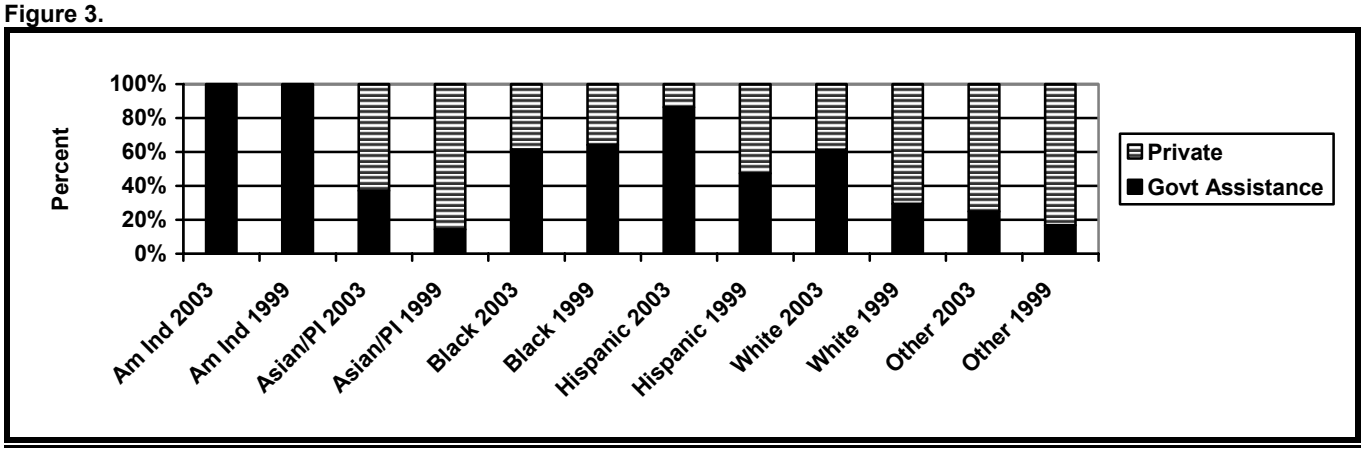
A slight majority of survey respondents in both surveys were uninsured (2003: 58.2%; 1999: 54.8%), although estimates at the individual clinics varied dramatically (2003: 35%-78%; 1999: 33%-77%).

The three primary methods in which the clients heard about the specific clinic at which they were surveyed remained the same in both surveys: friend/family, child's school/child care, and familiarity with the clinic. A slight majority of children in both surveys were medically uninsured (2003: 58.2%; 1999: 54.8%).

III. Analysis by Insurance Status

Primary payment source for those who have insurance, by race (Table 2)

Figure 3.



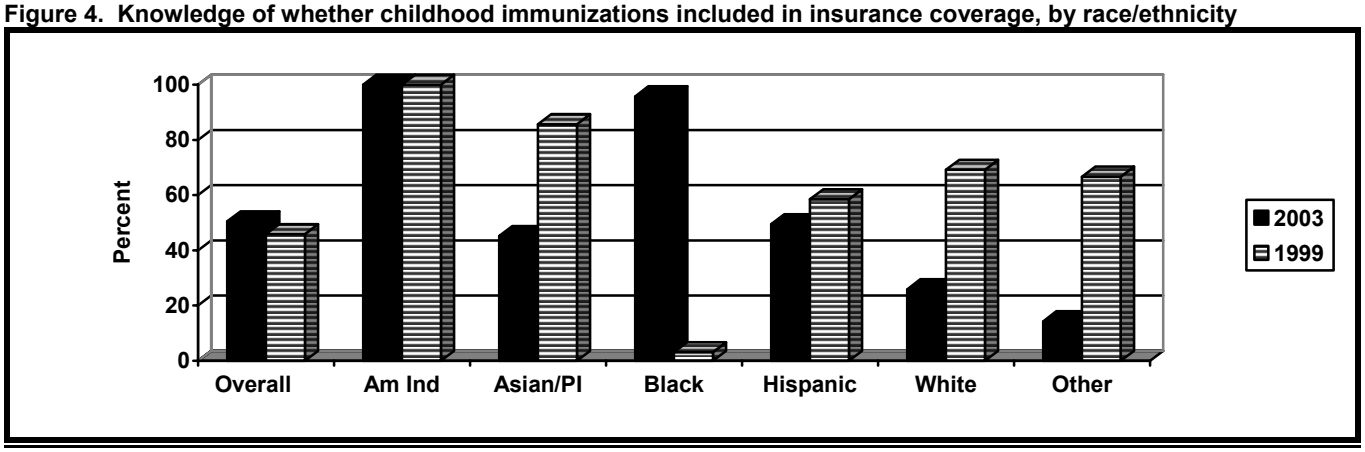
For those who had medical insurance at the time of the 2003 survey (228 responses - not mutually exclusive), 68.2% indicated government assistance as the primary payment source for their children's medical care (includes Medi-Cal, CHDP, Healthy Families, and other government insurance), 27.5% listed private insurance, 2.6% indicating they did not know or indicated some other payment source, and 1.7% who indicated cash.

In the 1999 survey (133 responses - mutually exclusive), only 50.4% of survey respondents indicated private insurance as their primary payment source, followed by 45.1% selecting government assistance, 2.3% selecting cash, and 2.3% who did not know or indicated some other payment source.

In both surveys, Asian/Pacific Islanders indicated private insurance as their primary payment source for their child's medical care (2003: 59.5%; 1999: 75.0%) (Table 2). However, the proportion of Asian/Pacific Islanders who selected government assistance increased from 12.5% in the 1999 survey to 35.1% in the 2003 survey. In both surveys, the large majority of Black respondents indicated government assistance as their primary payment source (2003: 59.3%; 1999: 62.5%), followed by private insurance. Responses among Hispanics exhibited a statistically significant change between the two surveys. In the 1999 survey, 49.2% of responses among Hispanics were private insurance followed by 44.3% government assistance, however, in the 2003 survey, only 13.3% of responses among Hispanics were private insurance and 84.4% were government assistance. Responses among Whites also exhibited a similar shift to selecting government assistance as the primary payment source in 2003.

Insurance coverage for child's immunizations, by payment source and race (Table 3)

Figure 4. Knowledge of whether childhood immunizations included in insurance coverage, by race/ethnicity



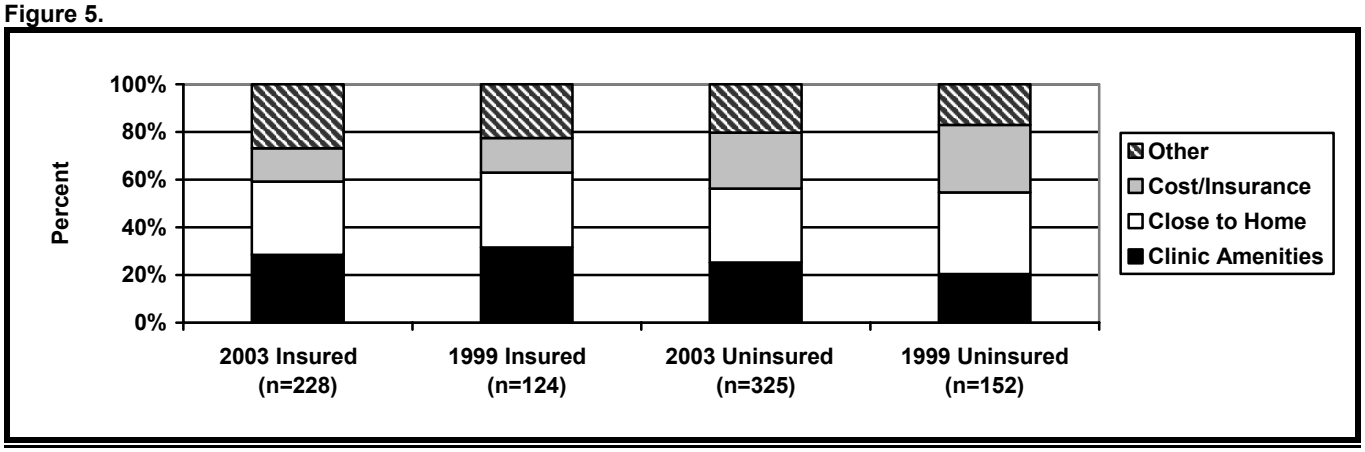
For those survey respondents who indicated they had medical insurance and had selected either a yes or no answer to whether their child's insurance paid for immunizations (2003: 202; 1999: 109), 51.1% of 2003 survey respondents who were on government assistance, 53.7% who had private insurance, and 50.0% who had some other insurance or did not know their insurance type indicated that this insurance type paid for their child's immunizations (responses not mutually exclusive). In the 1999 survey, however, 40.4% on government assistance, 50.9% who had private insurance, and 0.0% who had some other insurance or did not know indicated that this insurance type paid for their child's immunizations (responses mutually exclusive).

Among the Asian/Pacific Islander respondents, only 45.2% in the 2003 survey knew their child's insurance paid for immunizations, compared to 85.7% of the 1999 respondents. The proportion of Black respondents who knew their insurance covered their child's immunizations demonstrated a statistically significant increase from 3.1% in the 1999 survey to 95.8% in the 2003 survey. The proportion among Hispanics remained relatively the same across surveys (2003: 49.5%; 1999: 58.5%), with those on government assistance in 1999 and those with private insurance in 2003 understanding the least about their immunization coverage. The proportion of White respondents who understood the extent of their insurance

immunization coverage exhibited a statistically significant change from 69.2% in 1999 to 25.9% in 2003, with those on government assistance in 2003 understanding the least about their coverage.

Reported Reasons for Attending Public Clinics, by Insurance Status (Table 4)

Figure 5.

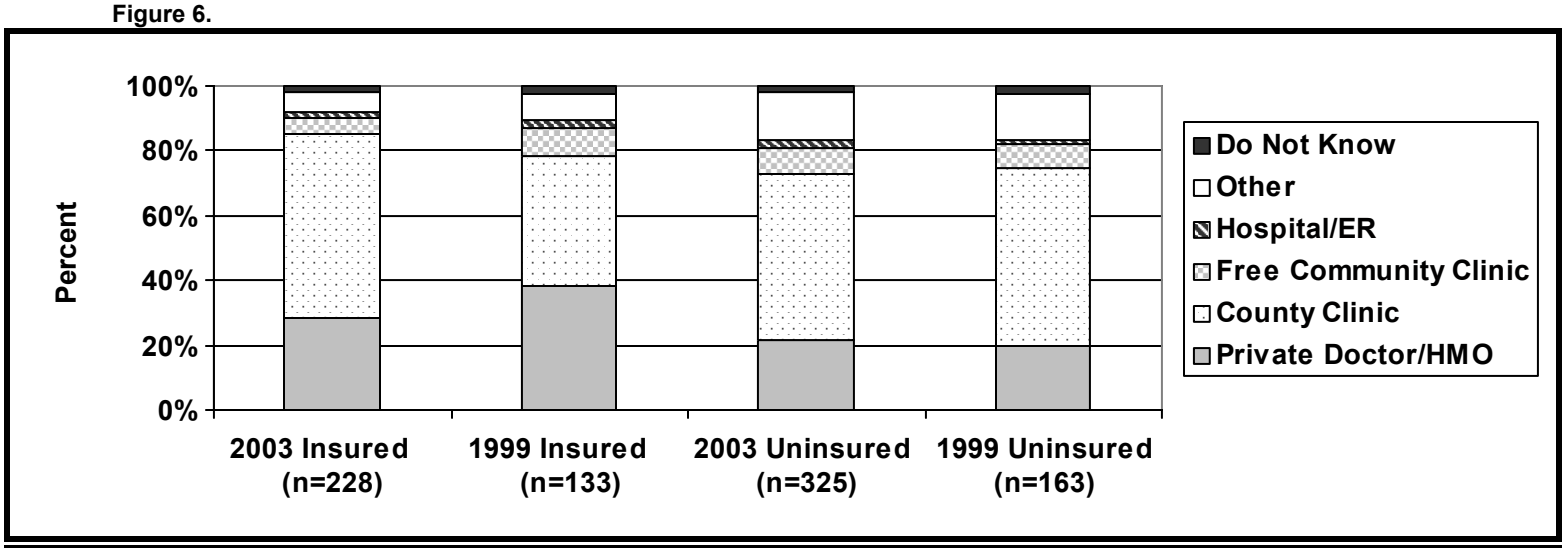


Among the respondents who indicated having medical insurance in 2003 and 1999, close to home/easy transportation and clinic-specific amenities accounted for the majority of the reasons for attending public health clinics, with cost/insurance factors weighted the least in the decision.

For those who did not have medical insurance in 2003, however, close to home/easy transportation and clinic specific amenities still remained the leading reasons for attending public clinics, with cost/insurance factors ranking third, followed by other miscellaneous factors. In the 1999 survey, after close to home/easy transportation, cost/insurance was the second critical factor, followed by clinic-specific amenities and other factors.

Location Child Taken for Previous Immunizations, by Insurance Status (Table 5)

Figure 6.

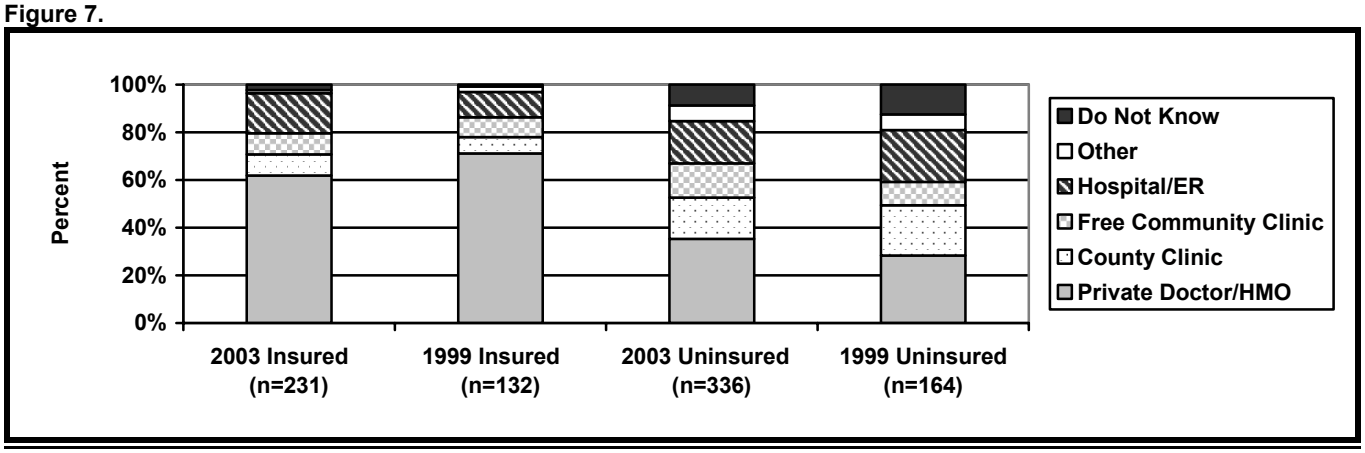


Among the same respondents who reported having some type of medical insurance, survey respondents had varying answers across survey years with regard to the location the child was taken for previous immunizations. In the 2003 survey, a majority indicated another county health department clinic, followed by a private doctor's office/HMO clinic, some other health care facility, free/low cost community clinic, hospital/emergency room, and do not know responses. However, in the 1999 survey, only 39.8% of respondents indicated another county health department clinic, followed by a private doctor's office/HMO clinic, free/low cost community clinic, some other health care facility, hospital/emergency room, and do not know responses.

Similar answers were provided among the respondents who did not have some type of medical insurance in 2003, with a slightly lower proportion having been to a private doctor's office/HMO clinic for immunizations (20.9%), and a slightly higher proportion having sought services at some other type of health care facility (14.2%). The 1999 survey answers were very similar.

Location Child Usually Taken if Sick, by Insurance Status (Table 6)

Figure 7.

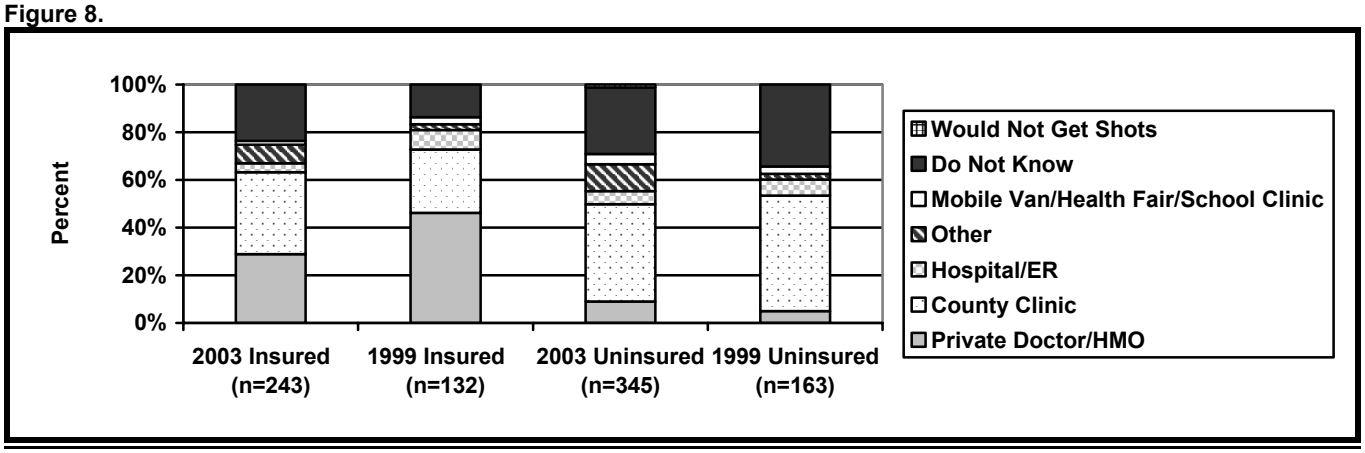


In comparison to where the surveyed child was taken for their previous immunizations, marked differences existed as to where respondents usually took their child if sick. In the 2003 and 1999 surveys among those who had medical insurance, the clear majority (60.6% and 71.2%, respectively) sought a private doctor/HMO clinic, followed by a hospital/emergency room, a county health department clinic or a free/low cost community clinic, did not know, and another type of facility. An equal proportion of 2003 respondents in each insurance category sought care at a hospital/ER (Insured: 16.5%; Uninsured: 16.1%).

In contrast, of those who were uninsured, only approximately one-third of these respondents in both surveys (2003: 32.1%; 1999: 26.2%) sought medical care from a private doctor/HMO clinic, followed by a hospital/ER, county health department clinic, free/low cost community clinic, do not know response, and another type of facility.

Location Child Would be Immunized if Public Health Clinic were Closed, by Insurance Status (Table 7)

Figure 8.

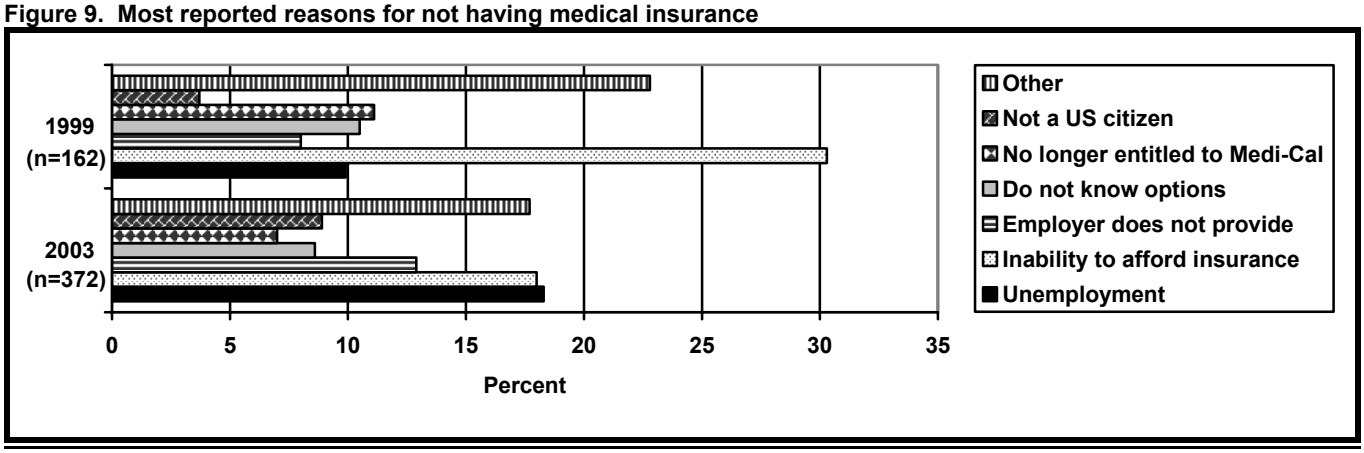


Even more varied answers were collected when respondents were asked where they would go to get their child immunized if the public health clinic at which they were surveyed were closed. For those respondents who were uninsured in both surveys, other county/community clinics were their primary alternative for immunization services (2003: 40.6%; 1999: 48.5%), while insured respondents mentioned private doctor/HMO clinic but not by a clear majority (2003: 28.8%; 1999: 46.2%). In fact, among the 2003 insured

respondents, their primary alternative location for immunization was not the private doctor/HMO clinic as their counterparts in 1999 indicated, but rather another county/community clinic (34.2%). The most dramatic finding, however, is the large proportion of insured and uninsured respondents in both surveys who did not know where they would take their children for immunizations. Four respondents in the 2003 survey indicated they would not get shots if the public health clinic was closed.

Reasons For Not Having Medical Insurance, by Interviewee Age (Table 8)

Figure 9. Most reported reasons for not having medical insurance



Of the respondents who indicated they did not have any type of medical insurance, the top three reasons in 2003 survey (325 respondents and 372 responses) for not having health insurance were unemployment (18.3%), inability to afford insurance (18.0%), and other miscellaneous reasons (17.7%) (responses not mutually exclusive). However, in the 1999 survey (164 respondents and 162 responses), the primary reasons were an inability to afford insurance (30.3%), other miscellaneous reasons (22.8%), and no longer entitled to Medi-Cal (11.1%) (responses mutually exclusive).

The older age groups (29-40+) indicated that one of their top three reasons for not having insurance was due to their employer not providing insurance. In addition, in the 1999 survey, the two younger age groups (<29, 29-34) indicated as their second and third reasons, respectively, their lack of knowledge about their options for health care.

The under 29 age group demonstrated a statistically significant change in the reasons provided from the 1999 to 2003 survey, with the respondents in the 1999 survey indicating their top reasons as lack of entitlement to Medi-Cal (22.8%), other miscellaneous reasons (22.8%), inability to afford insurance (20.0%), and lack of knowledge about health care options (20.0%). In the 2003 survey, the under 29 age group indicated unemployment as their top reason (25.0%), followed by other reasons (21.6%), and inability to afford insurance (17.0%).

Similarly, unemployment displayed a statistically significant change across survey years within the age groups that selected this reason. In the 1999 survey, the under 29 age group did not list unemployment as a reason, but 20.0% of the 29-34 age group selected it, followed by 10.3% in the 35-39 age group, and 7.0% in the 40+ age group. In contrast, the age groups severely impacted by this reason in the 2003 survey were the under 29 (25.0%) and the 35-39 age groups (19.1%), followed by the 29-34 age group (17.2%), and the 40+ age group (12.7%).

IV. Clinic Closure Assessment (Table 9)

When respondents in the 2003 survey were asked whether they used to go to a clinic for their children's immunizations that was closed at or prior to the administration of the survey, only 7.2% (n=38) responded with a yes answer, and a wide variety of clinics were mentioned. Compton Health Center, Imperial Heights Health Center, Norwalk Health Center, and Valley Care Burbank Health Center were listed by 34.4% of these respondents.

V. Travel to Clinics (Figure 10, Table 10)

In the 2003 survey only, respondents were asked the zip code they lived at the time of survey administration in order to capture information as to how far respondents were traveling to seek immunization services at the public health clinics. Overall, respondents traveled a median of 2 miles, with a range of 0 - 326 miles. Survey respondents who frequented Antelope Valley Health Center traveled the farthest with a median of 5 miles (range: 0 - 264 miles), followed by Central, Monrovia, and Torrance Health Centers with a median of 3 miles. The health center with the largest range of miles traveled by their survey respondents was Glendale Health Center (range: 0 - 326 miles), and Monrovia Health Center had the smallest range of miles traveled by their survey respondents (range: 0 - 9 miles).

Discussion

I. Summary Of Findings

Although public health immunization clinics in LAC are primarily designed to provide immunization services to those individuals with no other options for such services, the clinics continue to be utilized by a fair proportion of children who could have received immunization services in the private sector. However, it is apparent that the public health immunization clinics continue to play a critical role in the immunization health of LAC residents as well as some residing outside of the LAC jurisdiction. The clinics appear to have been regularly utilized by families for all their childhood immunization services. Ethnic/racial minority populations primarily utilize the clinics, and general population shifts within the County are reflected in the clients that utilize the clinics. In addition, if public health immunization clinics were closed, a large proportion of clinic clients indicated they would not know where to take their children for immunizations.

Although the county clinics are used regularly for immunization services, they are not used in times of illness, with respondents seeking care at such times primarily in the private sector. However, the medically uninsured comprised the majority of clinic clients. Of those who were insured, an increase across survey years in individuals with government assistance in all races, with the exception of Blacks, was evidenced, and a large proportion of those individuals continued to be unclear as to whether their children's immunizations were covered under their insurance coverage.

In addition, the clinics were commended on the amenities they provided such as short waiting periods to see clinic staff, the attention received from clinic staff, convenient clinic hours, providing clinic staff who can converse in multiple languages, and the ability to receive services without appointment. In the 2003 survey, regardless of insurance status, close to home/easy transportation and clinic-specific amenities outweighed any cost/insurance factors in attending public health immunization clinics. These reasons may also contribute to the long distances some clients will travel to visit the clinics as well as to families continuing to bring all their children for immunization services.

Because 18 County health centers that provided immunization services closed in 2002, another objective of the 2003 survey was to assess whether public health clinic clients had been impacted by the closures, but only a small fraction of survey respondents had heard about the clinic closures. None of these individuals experienced any delays in receiving immunizations because of the closures.

The evidenced shift in the 2003 survey to more public health immunization clinic clients utilizing government assistance as well as cost/insurance factors weighting least in the decision to visit a public health immunization clinic could be due to the private health care sector's complete integration of health care financing programs such as Vaccines for Children and Healthy Families introduced in the mid-1990s to reduce immunization financial barriers. The clients that frequent the public health immunization clinics now appear to do so because of the exemplary and convenient services they feel they are provided that are still lacking in the private sector.

II. Limitations

Because the questionnaire was administered to individuals who could understand and converse in English and/or Spanish, individuals who spoke other languages may have been excluded from the survey sample. However, as demonstrated in Figure 1, the ethnic/racial minority populations in the general population were represented accordingly in the survey samples.

The second limitation was the fact that clinic clients were only surveyed during the daytime clinic hours, thus excluding clinic clients who were seen in the evening sessions of the clinics. However, there was only one clinic that held evening sessions, therefore, very few surveys would have been collected that would have impacted the study results. In addition, because both surveys sampled the first clients that came to the clinic, it may appear that individuals who sought immunization services towards the end of the day would have not been surveyed, however, this was not the case since clients visited the clinics sporadically throughout the day, thereby requiring interviewers to stay at the clinics for the entire clinic day for a duration of several days or weeks in order to obtain the clinic sample.

TABLE 1: PROFILE OF CLINIC CLIENTS

	2003 11 CLINIC SURVEY (N= 558)			1999 10 Clinic SURVEY (N = 299)			STATISTICAL SIGNIFICANT DIFFERENCE BETWEEN SURVEYS (1)
	n	%	CLINIC RANGE	n	%	CLINIC RANGE	
RACE							
AM. INDIAN / ALASKAN NATIVE	3	0.5%	0 % - 4 %	2	0.7%	0 % - 3 %	p = 1.00
ASIAN / PACIFIC ISLANDER	73	13.1%	0 % - 28 %	25	8.4%	0 % - 17 %	**p = 0.04**
BLACK	68	12.2%	0 % - 30 %	56	18.7%	0 % - 67 %	**p = 0.01**
HISPANIC / LATINO	346	62.0%	37 % - 82 %	172	57.5%	23 % - 87 %	p = 0.21
WHITE	57	10.2%	0 % - 31 %	31	10.4%	0 % - 40 %	p = 1.00
OTHER	11	2.0%	0 % - 2 %	12	4.0%	0 % - 20 %	p = 0.12
REFUSED	0	0	0%	1	0.3%	0 % - 3 %	p = 0.35
AGE OF CHILD							
MEAN	7 Years 10 Months			7 Years 10 Months			
(95% CONFIDENCE INTERVAL)	(7 Years 4 Months - 8 Years 3 Months)			(7 Years 4 Months - 8 Years 3 Months)			
MEDIAN	6 Years 1 Month			8 Years 2 Months			
RANGE	2 Months - 18 Years 3 Months			2 Months - 12 Years 9 Months			
UNDER 1 YEAR	56	10.0 %	2 % - 20 %	15	5.0 %	0 % - 13 %	**p = 0.01**
1 - 4	182	32.6 %	20 % - 45 %	57	19.1 %	13 % - 30 %	**p < 0.01**
5 - 9	89	16.0 %	8 % - 26 %	110	36.8 %	23 % - 57 %	**p < 0.01**
10 YEARS AND ABOVE	230	41.2 %	20 % - 60 %	114	38.1 %	23 % - 50 %	p = 0.42
NOT INDICATED	1	0.2 %	0 % - 2 %	3	1.0 %	0 % - 7 %	p = 0.13
AGE OF INTERVIEWEE							
MEAN	35 Years			35 Years			
(95% CONFIDENCE INTERVAL)	(34 Years - 36 Years)			(34 Years - 36 Years)			
MEDIAN	35 Years			34.5 Years			
RANGE	13 Years - 83 Years			16 Years - 69 Years			
UNDER 29	138	24.7 %	6 % - 36 %	59	19.7 %	7 % - 43 %	p = 0.11
29 - 34	130	23.3 %	16 % - 34 %	89	29.8 %	13 % - 52 %	**p = 0.04**
35 - 39	133	23.8 %	18 % - 32 %	75	25.1 %	17 % - 43%	p = 0.68
40 AND ABOVE	155	27.8 %	12 % - 46 %	73	24.4 %	3 % - 33 %	p = 0.29
REFUSED	2	0.4 %	0 % - 2 %	3	1.0 %	0 % - 3 %	p = 0.35
CHILD BORN IN U.S.							
YES	405	72.6 %	52 % - 88 %	230	76.9 %	53 % - 93 %	p = 0.19
NO	150	26.9 %	10 % - 48 %	69	23.1 %	7 % - 47 %	p = 0.25
NOT INDICATED	3	0.5 %	0 % - 4 %	N/A			
INSURANCE STATUS							
INSURED	228	40.9 %	22 % - 65 %	133	44.5 %	23 % - 67 %	p = 0.31
UNINSURED	325	58.2 %	35 % - 78 %	164	54.8 %	33 % - 77 %	p = 0.35
DO NOT KNOW	4	0.7 %	0 % - 4 %	2	0.7 %	0 % - 3 %	p = 1.00
NOT INDICATED	1	0.2 %	0 % - 2 %	N/A			
INTERVIEWEE IN U.S. LEGALLY							
YES	430	77.1 %	60 % - 96 %	253	84.6 %	70 % - 100 %	**p = 0.01**
NO	123	22.0 %	4 % - 36 %	42	14.1 %	0 % - 30 %	**p < 0.01**
REFUSED	4	0.7 %	0 % - 4 %	4	1.3 %	0 % - 13 %	p = 0.46
NOT INDICATED	1	0.2 %	0 % - 2 %	N/A			
MANNER IN WHICH CLIENT HEARD ABOUT SPECIFIC CLINIC (MULTIPLE RESPONSES ALLOWED)							
FRIEND / FAMILY	212	32.3 %		94	30.4%		
CHILD SCHOOL / CHILD CARE	175	26.7 %		85	27.5%		
BEEN HERE BEFORE	100	15.2 %		81	26.2%		
OTHER	81	12.3 %		27	8.7%		
DR, CLINIC OR HEALTH PLAN	62	9.5 %		16	5.2%		
REFERRED BY CLOSED CLINIC	9	1.4 %			N/A		
COUNTY HOTLINE	9	1.4 %			N/A		
CLINIC CLOSURE REFERRAL LIST	3	0.5 %			N/A		
DO NOT KNOW	2	0.3 %		1	0.3%		
BILLBOARD	1	0.2 %		1	0.3%		
HEALTH FAIR	1	0.2 %			N/A		
NOT INDICATED	1	0.2 %			N/A		
RADIO	0	0.0 %		3	1.0%		
TELEVISION	0	0.0 %			N/A		
NEWSPAPER	0	0.0 %			N/A		
REFUSED	0	0.0 %		1	0.3%		

(1) The p values shown above test if the proportion of one subcategory is different beyond chance, relative to those not in that subcategory, from that found in the other survey. For example, in 2003, 73 surveys indicated Asian / Pacific Islander and 485 indicated another Race. The p value of 0.04 indicates that this is significantly different from the 1999 survey where 25 surveys indicated Asian / Pacific Islander and 274 indicated another Race. Therefore, there is a statistical difference between the proportion (beyond that could be obtained by chance) of Asian / Pacific Islanders in the 2003 (13.1%) and that in the 199 survey (8.4%).

In general, if the p value is less than 0.05 then the observation is considered significantly different from the other observation.

TABLE 2: PRIMARY PAYMENT SOURCE FOR THOSE WHO HAVE INSURANCE [1], BY RACE

RACE (ROW PERCENT)	PAYMENT SOURCE — 2003 11 CLINIC SURVEY (N=233) (MULTIPLE RESPONSES ALLOWED [2])					PAYMENT SOURCE — 1999 10 CLINIC SURVEY (N=133)					STATISTICAL SIGNIFICANT DIFFERENCE BETWEEN DISTRIBUTION OF PAYMENT SOURCE ACROSS SURVEYS, BY RACE [6]
	GOVERNMENT ASSISTANCE [3]	PRIVATE [4]	CASH	DO NOT KNOW / OTHER [5]	TOTAL (COLUMN PERCENT)	GOVERNMENT ASSISTANCE [3]	PRIVATE [4]	CASH	DO NOT KNOW / OTHER [5]	TOTAL (COLUMN PERCENT)	
AMERICAN INDIAN / ALASKAN NATIVE	2 (100%)	0 (0%)	0 (0%)	0 (0%)	2 (0.9%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (0.8%)	N/A
ASIAN OR PACIFIC ISLANDER	13 (35.1%)	22 (59.5%)	1 (2.7%)	1 (2.7%)	37 (15.9%)	1 (12.5%)	6 (75.0%)	1 (12.5%)	0 (0%)	8 (6.0%)	p = 0.35
BLACK	16 (59.3%)	10 (37.0%)	0 (0%)	1 (3.7%)	27 (11.6%)	25 (62.5%)	14 (35.0%)	0 (0%)	1 (2.5%)	40 (30.1%)	p = 1.0
HISPANIC / LATINO	108 (84.4%)	17 (13.3%)	0 (0%)	3 (2.3%)	128 (54.9%)	27 (44.3%)	30 (49.2%)	2 (3.3%)	2 (3.3%)	61 (45.9%)	**p < .001**
WHITE	19 (59.4%)	12 (37.5%)	1 (3.1%)	0 (0%)	32 (13.7%)	5 (29.4%)	12 (70.6%)	0 (0%)	0 (0%)	17 (12.8%)	p = 0.09
OTHER	1 (14.3%)	3 (42.9%)	2 (28.6%)	1 (14.3%)	7 (3.0%)	1 (16.7%)	5 (83.3%)	0 (0%)	0 (0%)	6 (4.5%)	p = 0.54
TOTAL	**159 (68.2%)**	**64 (27.5%)**	**4 (1.7%)**	**6 (2.6%)**	**233**	**60 (45.1%)**	**67 (50.4%)**	**3 (2.3%)**	**3 (2.3%)**	**133**	
STATISTICALLY SIGNIFICANT DIFFERENCE BETWEEN SURVEYS WITH RESPECT TO PRIMARY PAYMENT SOURCE ACROSS ALL RACES [7]	**p < .0001**	**p < .0001**	p =.71	p =1.00							

[1] Only those surveys responding "Yes" to "Do You Have Any Type Of Insurance?" are included.

[2]

NUMBER OF PAYMENT SOURCES SELECTED	NUMBER OF SURVEYS	PERCENT OF SURVEYS
ONE	224	98.2%
TWO	3	1.3%
THREE	1	0.4%

[3] Government Assistance Includes: Medi-Cal, CHDP, LA CARE, Healthy Families, And Other Government Insurance

[4] Private Includes: Private Insurance, Kaiser CA

[5] Other Includes:
2003: California Kids, Work, Molina, Through Employer, Emergency Purpose Insurance (Hospital), Emergency Medical
1999: MaxiCare

[6] Testing whether the distribution of responses across all types Payment Sources, for a given race, are statistically significantly different ($p<0.05$) between the two surveys.

[7] Testing whether the proportion of those using a given Payment Source subcategory, and those not using a given Payment Source subcategory, are statistically significantly different ($p<0.05$) between the two surveys.

TABLE 3: INSURANCE COVERAGE FOR CHILD'S IMMUNIZATIONS, BY PAYMENT SOURCE AND RACE [1]

RACE (COLUMN PERCENT BY RACE AND PAYMENT SOURCE) Does Your Child's Insurance Pay For IZ's?	PAYMENT SOURCE 2003 11 CLINIC SURVEY (N=202) (MULTIPLE RESPONSES ALLOWED [2])					1999 10 Clinic SURVEY (N=109)					STATISTICAL SIGNIFICANT DIFFERENCE BETWEEN YES-NO RESPONSE (BY RACE) [6]
	GOVERNMENT ASSISTANCE [3]	PRIVATE [4]	CASH	DO NOT KNOW / OTHER [5]	TOTAL	GOVERNMENT ASSISTANCE [3]	PRIVATE [4]	CASH	DO NOT KNOW / OTHER [5]	TOTAL	
AMERICAN INDIAN / ALASKAN NATIVE											
YES	2	0	0	0	2	1	0	0	0	1	
	(100.0%)	--	--	--	(100.0%)	(100.0%)	--	--	--	(100.0%)	N/A
NO	0	0	0	0	0	0	0	0	0	0	
	--	--	--	--	--	--	--	--	--	--	
RACE TOTAL	2	0	0	0	2	1	0	0	0	1	
ASIAN OR PACIFIC ISLANDER											
YES	4	8	1	1	14	1	5	0	0	6	
	(40.0%)	(44.4%)	(50.0%)	(100.0%)	(45.2%)	(100.0%)	(100.0%)	--	--	(85.7%)	p = 0.09
NO	6	10	1	0	17	0	0	1	0	1	
	(60.0%)	(55.6%)	(50.0%)	--	(54.8%)	--	--	(100.0%)	--	(14.3%)	
RACE TOTAL	10	18	2	1	31	1	5	1	0	7	
BLACK											
YES	14	8	0	1	23	0	1	0	0	1	
	(93.3%)	(100.0%)	--	(100.0%)	(95.8%)	--	(9.1%)	--	--	(3.1%)	**p < .001**
NO	1	0	0	0	1	21	10	0	0	31	
	(6.7%)	--	--	--	(4.2%)	(100.0%)	(90.9%)	--	--	(96.9%)	
RACE TOTAL	15	8	0	1	24	21	11	0	0	32	
HISPANIC/LATINO											
YES	44	9	0	2	55	16	13	2	0	31	
	(49.4%)	(60.0%)	--	(40.0%)	(49.5%)	(64.0%)	(52.0%)	(100.0%)	--	(58.5%)	p = 0.31
NO	45	6	2	3	56	9	12	0	1	22	
	(50.6%)	(40.0%)	(100.0%)	(60.0%)	(50.5%)	(36.0%)	(48.0%)	--	(100.0%)	(41.5%)	
RACE TOTAL	89	15	2	5	111	25	25	2	1	53	
WHITE											
YES	4	3	0	0	7	3	6	0	0	9	
	(25.0%)	(30.0%)	--	--	(25.9%)	(75.0%)	(66.7%)	--	--	(69.2%)	**p = 0.02**
NO	12	7	1	0	20	1	3	0	0	4	
	(75.0%)	(70.0%)	(100.0%)	--	(74.1%)	(25.0%)	(33.3%)	--	--	(30.8%)	
RACE TOTAL	16	10	1	0	27	4	9	0	0	13	
OTHER											
YES	0	1	0	0	1	0	2	0	0	2	
	--	(33.3%)	--	--	(14.3%)	--	(66.7%)	--	--	(66.7%)	p = 0.18
NO	1	2	2	1	6	0	1	0	0	1	
	(100.0%)	(66.7%)	(100.0%)	(100.0%)	(85.7%)	--	(33.3%)	--	--	(33.3%)	
RACE TOTAL	1	3	2	1	7	0	3	0	0	3	
OVERALL											
YES	**68**	**29**	**1**	**4**	**102**	**21**	**27**	**2**	**0**	**50**	
	(51.1%)	**(53.7%)**	**(14.3%)**	**(50.0%)**	**(50.5%)**	**(40.4%)**	**(50.9%)**	**(66.7%)**	**--**	**(45.9%)**	
NO	**65**	**25**	**6**	**4**	**100**	**31**	**26**	**1**	**1**	**59**	
	(48.9%)	**(46.3%)**	**(85.7%)**	**(50.0%)**	**(49.5%)**	**(59.6%)**	**(49.1%)**	**(33.3%)**	**(100.0%)**	**(54.1%)**	
Total	**133**	**54**	**7**	**8**	**202**	**52**	**53**	**3**	**1**	**109**	

[1] Only those surveys responding "Yes" to "Do You Have Any Type Of Insurance?" And "Yes/No" to "Does Your Child's Insurance Pay For IZ's?" are included. One "Not Applicable" response to "Does Your Child's Insurance Pay For IZ's?" was excluded from the table for the 2003 survey. Do Not Know" responses to the question "Race / Ethnicity", for 2003 and 1999, were excluded from the table.

[2]

NUMBER OF PAYMENT SOURCES SELECTED	NUMBER OF SURVEYS	PERCENT OF SURVEYS
ONE	193	98.0%
TWO	3	1.5%
THREE	1	0.5%

[3] Government Assistance Includes: Medi-Cal, CHDP, LA CARE, Healthy Families, And Other Government Insurance

[4] Private Includes: Private Insurance, Kaiser CA

[5] Other Includes: 2003: California Kids, Work, Molina, Through Employer, Emergency Purpose Insurance (Hospital), Emergency Medical. 1999: MaxiCare

[6] Testing whether the proportion of Yes / No responses, summed across all types Payment Sources (for a given race), are statistically significantly different (p<0.05) between the two surveys.

TABLE 4: Reported Reasons For Attending Public Clinics, by Insurance Status [1]

Reason For Attending Public Clinic (Column Percent)	Insurance Status: 2003 11 Clinic Survey (N=553) Yes	No	Total	1999 10 Clinic Survey(N=276) Yes	No	Total	Statistical Significant Difference Between Yes - No Response (By Year) [3]
Clinic - Specific Amenities							
Came Here For Immunizations Before	7	16	23	5	15	20	
I Do Not Have To Wait Long	20	21	41	3	3	6	
I Like The Attention I Get Here	15	20	35	9	9	18	
The Hours Are Convenient For Me	4	10	14	4	1	5	
They Speak The Same Language As Me	1	1	2	0	0	0	
Do Not Need Appointment	18	14	32	18	3	21	
TOTAL	65 (28.5%)	82 (25.2%)	147 (26.6%)	39 (31.5%)	31 (20.4%)	70 (25.4%)	p = 0.15
Close To Home							
Close To Home (Easy Transportation)	70	101	171	39	52	91	
TOTAL	70 (30.7%)	101 (31.1%)	171 (30.9%)	39 (31.5%)	52 (34.2%)	91 (33.0%)	p = 0.79
Cost And Insurance							
There Is No Cost For Vaccines	29	68	97	14	36	50	
Do Not Have Any Other Source Of Health Care	3	8	11	4	7	11	
TOTAL	32 (14.0%)	76 (23.4%)	108 (19.5%)	18 (14.5%)	43 (28.3%)	61 (22.1%)	p = 1.00
Other							
His/Her Doctor Referred Us Here	13	9	22	3	1	4	
Other Referral	16	34	50	16	15	31	
Other [2]	22	16	38	9	9	18	
No Answer Recorded	9	7	16	0	0	0	
Do Not Know	1	0	1	0	1	1	
TOTAL	61 (26.8%)	66 (20.3%)	127 (23.0%)	28 (22.5%)	26 (17.1%)	54 (19.5%)	p = 0.75
TOTAL	**228 (100.0%)**	**325 (100.0)%**	**553 (100.0%)**	**124 (100.0%)**	**152 (100.0%)**	**276 (100.0%)**	

[1] Only those surveys responding "Yes/No" to "Do You Have Any Type Of Insurance?" are included.
"Do Not Know" and "Not Indicated" responses to the question "Do You Have Any Type Of Insurance?", for 2003 and 1999 surveys, were excluded from the table.

[2] Other Includes:

2003	1999 :
To get immunizations	To get immunizations
Trust the clinic	Clean here
TB offered	For school
For School	Health and school
Emergency	If she gets sick
	Needs shots
	To keep my kids healthy

[3] Testing whether the proportion of Yes / No responses, for each categorical reason, are statistically significantly different ($p<0.05$) between the two surveys.

TABLE 5: Location Child Taken For Previous Immunizations, by Insurance Status [1]

Location Child Taken For Previous Shots (Column Percent)	Insurance Status: 2003 11 Clinic Survey (N=553) Yes	No	Total	1999 10 Clinic Survey (N=296) Yes	No	Total	Statistical Significant Difference Between Yes - No Response (By Location) [3]
Private Doctor's Office / HMO Clinic (Like Kaiser)	63 (27.6%)	68 (20.9%)	131 (23.7%)	51 (38.3%)	32 (19.6%)	83 (28.0%)	p = 0.07
County Health Department Clinic	127 (55.7%)	163 (50.2%)	290 (52.4%)	53 (39.8%)	88 (54.0%)	141 (47.6%)	p = 0.25
Free Or Low-Cost Community Clinic	11 (4.8%)	24 (7.4%)	35 (6.3%)	12 (9.0%)	12 (7.4%)	24 (8.1%)	p = 0.18
Hospital Or Emergency Room	4 (1.8%)	9 (2.8%)	13 (2.4%)	3 (2.3%)	2 (1.2%)	5 (1.7%)	p = 0.33
Other [2]	14 (6.1%)	46 (14.2%)	60 (10.8%)	11 (8.3%)	23 (14.1%)	34 (11.5%)	p = 0.34
Do Not Know	4 (1.8%)	6 (1.8%)	10 (1.8%)	3 (2.3%)	4 (2.5%)	7 (2.4%)	p = 1.00
Not Applicable	5 (2.2%)	9 (2.7%)	14 (2.6%)	0 --	2 (1.2%)	2 (0.7%)	p = 0.07
TOTAL	**228 (100.0%)**	**325 (100.0%)**	**553 (100.0%)**	**133 (100.0%)**	**163 (100.0%)**	**296 (100.0%)**	

[1] "Do Not Know" and "Not Indicated" responses to the question "Do You Have Any Type Of Insurance?", for 2003 and 1999 surveys, were excluded from the table.

[2] Other Includes:

2003	1999 :
Another country	Another country
Another state	Another state
Another county	Mobile Van / School / Fair
Mobile Van / School	Military base

[3] Testing whether the proportion of Yes / No responses, for each location, are statistically significantly different (p<.05) between the two surveys.

TABLE 6: HEALTH CARE LOCATION CHILD USUALLY TAKEN IF SICK, BY INSURANCE STATUS [1]

LOCATION CHILD USUALLY TAKEN FOR HEALTH CARE (COLUMN PERCENT)	INSURANCE STATUS						
	2003 11 CLINIC SURVEY (N=567) (MULTIPLE RESPONSES ALLOWED [2])			**1999** 10 CLINIC SURVEY (N=296)			
	YES	NO	TOTAL	YES	NO	TOTAL	STATISTICAL SIGNIFICANT DIFFERENCE BETWEEN YES - NO RESPONSE (BY LOCATION) [4]
PRIVATE DOCTOR'S OFFICE / HMO CLINIC (LIKE KAISER)	140	108	248	94	43	137	
	(60.6%)	(32.1%)	(43.7%)	(71.2%)	(26.2%)	(46.3%)	**p = 0.02**
COUNTY HEALTH DEPARTMENT CLINIC	20	53	73	9	32	41	
	(8.7%)	(15.8%)	(12.9%)	(6.8%)	(19.5%)	(13.9%)	p = 0.66
FREE OR LOW-COST COMMUNITY CLINIC	20	44	64	11	15	26	
	(8.7%)	(13.1%)	(11.3%)	(8.3%)	(9.1%)	(8.8%)	p = 0.34
HOSPITAL OR EMERGENCY ROOM	38	54	92	14	33	47	
	(16.5%)	(16.1%)	(16.2%)	(10.6%)	(20.1%)	(15.9%)	p = 0.20
OTHER [3]	3	20	23	3	10	13	
	(1.3%)	(6.0%)	(4.1%)	(2.3%)	(6.1%)	(4.4%)	p = 0.65
DO NOT KNOW	5	27	32	1	19	20	
	(2.2%)	(8.0%)	(5.6%)	(0.8%)	(11.6%)	(6.7%)	p = 0.39
NOT APPLICABLE	3	29	32	0	12	12	
	(1.3%)	(8.6%)	(5.6%)	--	(7.4%)	(4.0%)	p = 0.55
NO ANSWER	2	1	3	0	0	0	
	(0.7%)	(0.3%)	(0.6%)	--	--	--	--
TOTAL	**231**	**336**	**567**	**132**	**164**	**296**	
	(100.0%)	**(100.0%)**	**(100.0%)**	**(100.0%)**	**(100.0%)**	**(100.0%)**	

[1] "Do Not Know" and "Not Indicated" responses to the question "Do You Have Any Type Of Insurance?", for 2003 and 1999 surveys, were excluded from the table.

[2]

NUMBER OF CHOSEN LOCATIONS	Number Of Surveys	Percent Of Surveys
ONE	539	97.3%
TWO	14	2.7%

[3] Other Includes:

2003
- Another country
- Pharmacy
- Anywhere I could
- Clinic back home

1999 :
- VA
- Has not had to take child anywhere
- Mexico
- No where as of yet
- No where, gives her medication at home

[4] Testing whether the proportion of Yes / No responses, for each location, are statistically significantly different ($p<0.05$) between the two surveys.

TABLE 7: LOCATION CHILD WOULD BE IMMUNIZED IF PUBLIC HEALTH CLINIC CLOSED, BY INSURANCE STATUS [1]

LOCATION CHILD WOULD BE IMMUNIZED (COLUMN PERCENT)	INSURANCE STATUS						
	2003 11 CLINIC SURVEY (N=588) (MULTIPLE RESPONSES ALLOWED [2])			**1999** 10 CLINIC SURVEY (N=295)			STATISTICAL SIGNIFICANT DIFFERENCE BETWEEN YES - NO RESPONSE (BY LOCATION) [4]
	YES	NO	TOTAL	YES	NO	TOTAL	
PRIVATE DOCTOR'S OFFICE / HMO CLINIC (LIKE KAISER)	70	31	101	61	8	69	
	(28.8%)	(9.0%)	(17.2%)	(46.2%)	(4.9%)	(23.4%)	**P = 0.01**
ANOTHER COUNTY / COMMUNITY CLINIC	83	140	223	35	79	114	
	(34.2%)	(40.6%)	(37.9%)	(26.5%)	(48.5%)	(38.6%)	P = 0.28
HOSPITAL OR EMERGENCY ROOM	9	19	28	11	11	22	
	(3.7%)	(5.5%)	(4.8%)	(8.3%)	(6.7%)	(7.5%)	P = 0.25
OTHER [3]	19	39	58	3	4	7	
	(7.8%)	(11.3%)	(9.9%)	(2.3%)	(2.5%)	(2.4%)	P = 0.68
MOBILE VAN / HEALTH FAIR / SCHOOL CLINIC [5]	4	15	19	4	5	9	
	(1.6%)	(4.3%)	(3.2%)	(3.0%)	(3.1%)	(3.1%)	P = 0.37
DO NOT KNOW	57	96	153	18	56	74	
	(23.5%)	(27.8%)	(26.0%)	(13.7%)	(34.3%)	(25.0%)	P = 0.07
WOULD NOT GET SHOTS	0	4	4	0	0	0	
	--	(1.2%)	(0.7%)	--	--	--	--
NO ANSWER	1	1	2	0	0	0	
	(0.4%)	(0.3%)	(0.3%)	--	--	--	--
TOTAL	**243**	**345**	**588**	**132**	**163**	**295**	
	(100.0%)	**(100.0%)**	**(100.0%)**	**(100.0%)**	**(100.0%)**	**(100.0%)**	

[1] "Do Not Know" and "Not Indicated" responses to the question "Do You Have Any Type Of Insurance?", for 2003 and 1999 surveys, were excluded from the table.

[2]

NUMBER OF CHOSEN LOCATIONS	Number Of Surveys	Percent Of Surveys
ONE	523	94.4%
TWO	26	4.8%
THREE	3	0.5%
FOUR	1	0.2%

[3] Other Includes:

2003
- Look for another clinic
- Ask doctor / school
- Look somewhere else

1999 :
- Call around
- Look somewhere else
- Military facility

[4] Testing whether the proportion of Yes / No responses, for each location, are statistically significantly different ($p<0.05$) between the two surveys.

[5] 2003 Survey included "Mobile Van" as a selection choice. The 1999 survey did not include this option.

TABLE 8: Reasons For Not Having Health Insurance, by Interviewee Age [1]

Reasons For Not Having Health Insurance (Column Percent)	Age Group: 2003 11 Clinic Survey (N=372) (Multiple Responses Allowed [2]) Under 29	29 – 34	35 – 39	40 +	Total	Age Group: 1999 10 Clinic Survey (N=162) Under 29	29 – 34	35 – 39	40 +	Total	Statistical Significant Difference Within Distribution Of Age (By Reason) [4]
Hard To Use Government Services	0	0	1	1	2	0	0	1	0	1	
	--	--	(1.1%)	(1.0%)	(0.5%)	(0.0%)	(0.0%)	(2.6%)	--	(0.6%)	--
I Am Not A US Citizen	9	9	7	8	33	1	3	1	1	6	
	(10.2%)	(9.7%)	(7.9%)	(7.8%)	(8.9%)	(2.9%)	(6.7%)	(2.6%)	(2.3%)	(3.7%)	p = 0.82
I Am Unemployed	22	16	17	13	68	0	9	4	3	16	
	(25.0%)	(17.2%)	(19.1%)	(12.7%)	(18.3%)	(0.0%)	(20.0%)	(10.3%)	(7.0%)	(9.9%)	**p = 0.01**
My Employer Does Not Provide Insurance	5	15	16	12	48	1	2	4	6	13	
	(5.7%)	(16.1%)	(18.0%)	(11.8%)	(12.9%)	(2.9%)	(4.4%)	(10.3%)	(14.0%)	(8.0%)	p = 0.46
I Do Not Know My Options For Health Care	8	7	7	10	32	7	5	3	2	17	
	(9.1%)	(7.5%)	(7.9%)	(9.8%)	(8.6%)	(20.0%)	(11.1%)	(7.7%)	(4.7%)	(10.5%)	p = 0.37
I Can Not Afford To Pay For Insurance	15	17	15	20	67	7	9	12	21	49	
	(17.0%)	(18.3%)	(16.9%)	(19.6%)	(18.0%)	(20.0%)	(20.0%)	(30.7%)	(48.7%)	(30.3%)	p = 0.32
I Am No Longer Entitled To Medi-Cal	5	7	7	7	26	8	3	4	3	18	
	(5.7%)	(7.5%)	(7.9%)	(6.9%)	(7.0%)	(22.8%)	(6.7%)	(10.3%)	(7.0%)	(11.1%)	p = 0.62
Other [3]	19	14	13	20	66	8	12	10	7	37	
	(21.6%)	(15.1%)	(14.6%)	(19.6%)	(17.7%)	(22.8%)	(26.7%)	(25.5%)	(16.3%)	(22.8%)	p = 0.41
Do Not Know	5	7	4	10	26	1	1	0	0	2	
	(5.7%)	(7.5%)	(4.4%)	(9.8%)	(7.0%)	(2.9%)	(2.2%)	--	--	(1.2%)	p = 0.41
Refused	0	0	1	1	2	0	0	0	0	0	
	--	--	(1.1%)	(1.0%)	(0.6%)	--	--	--	--	--	--
No Answer Recorded	0	1	1	0	2	2	1	0	0	3	p = 0.60
	--	(1.1%)	(1.1%)	--	(0.5%)	(5.7%)	(2.2%)	(0.0%)	(0.0%)	(1.9%)	
TOTAL	**88**	**93**	**89**	**102**	**372**	**35**	**45**	**39**	**43**	**162**	
	(100.0%)	**(100.0%)**	**(100.0%)**	**(100.0%)**	**(100.0%)**	**(100.0%)**	**(100.0%)**	**(100.0%)**	**(100.0%)**	**(100.0%)**	
Statistical Significant Difference Within Distribution Of Reasons (By Age Group) [5]	**p < 0.001**	p = 0.34	p = 0.31	**p = 0.03**							

[1] Only those surveys responding "No" to "Do You Have Any Type Of Insurance?" are included.
Surveys responding "Not Applicable" to "Reasons For Not Having Health Insurance?" are excluded from both surveys. For the 1999 survey, two of the 164 surveys responded "Not Applicable" and are excluded. For the 2003 survey, two of the 325 surveys responded "Not Applicable" and are excluded. In addition, one of the 2003 surveys did not have a response for "Interviewee Age" and was excluded from this table.

[2]

Number Of Selected Reasons	Number Of Surveys	Percent Of Surveys
One	273	84.8%
Two	48	14.9%
Three	1	0.3%

[3] Other Includes:

2003
- In process / waiting for insurance to start
- New in area / county
- Insurance cancelled / Lost benefits
- Emergency
- Has not applied for insurance

1999 :
- In process of applying / Start insurance next month
- Not legal guardian
- New in town / Recently In Country
- Haven't thought about it
- State pays for care

[4] Testing whether the proportion of responses across all Age Groups, for a given reason, are statistically significantly different (p<0.05) between the two surveys.

[5] Testing whether the proportion of responses across all Reasons, for a given Age Group, are statistically significantly different (p<0.05) between the two surveys excluding the response "No Answer Recorded".

TABLE 9: DID YOU USED TO GO TO A CLINIC FOR YOUR CHILDREN'S SHOTS THAT IS NOW CLOSED?

	2003 11 CLINIC SURVEY (N=527)	
	n	%
NO	489	92.8%
YES	38	7.2%
IF YES, WHICH CLINIC		
ALHAMBRA HC	2	5.3%
AZUSA HC	2	5.3%
BELLFLOWER HC	1	2.6%
COMPTON HC	3	7.9%
FLORENCE FIRESTONE HC	1	2.6%
HAWAIIAN GARDENS HC	1	2.6%
HOLLYWOOD-WILSHIRE HC	1	2.6%
IMPERIAL HEIGHTS HC	3	7.9%
LANCASTER SCHOOL DISTRICT	1	2.6%
LAWNDALE HC	1	2.6%
NORWALK HC	3	7.9%
PICO RIVERA HC	2	5.3%
SAN ANTONIO HC	1	2.6%
VALENCIA HC	1	2.6%
VALLEY CARE BURBANK HC	4	10.7%
VALLEY CARE MID-VALLEY VAN NUYS	1	2.6%
VALLEY CARE NO. HOLLYWOOD	1	2.6%
VALLEY CARE TUJUNGA HC	2	5.3%
WATTS HEALTH FOUNDATION	1	2.6%
UNKNOWN	6	15.8%

FIGURE 10: LOS ANGELES COUNTY CLINIC CLOSURE SURVEY

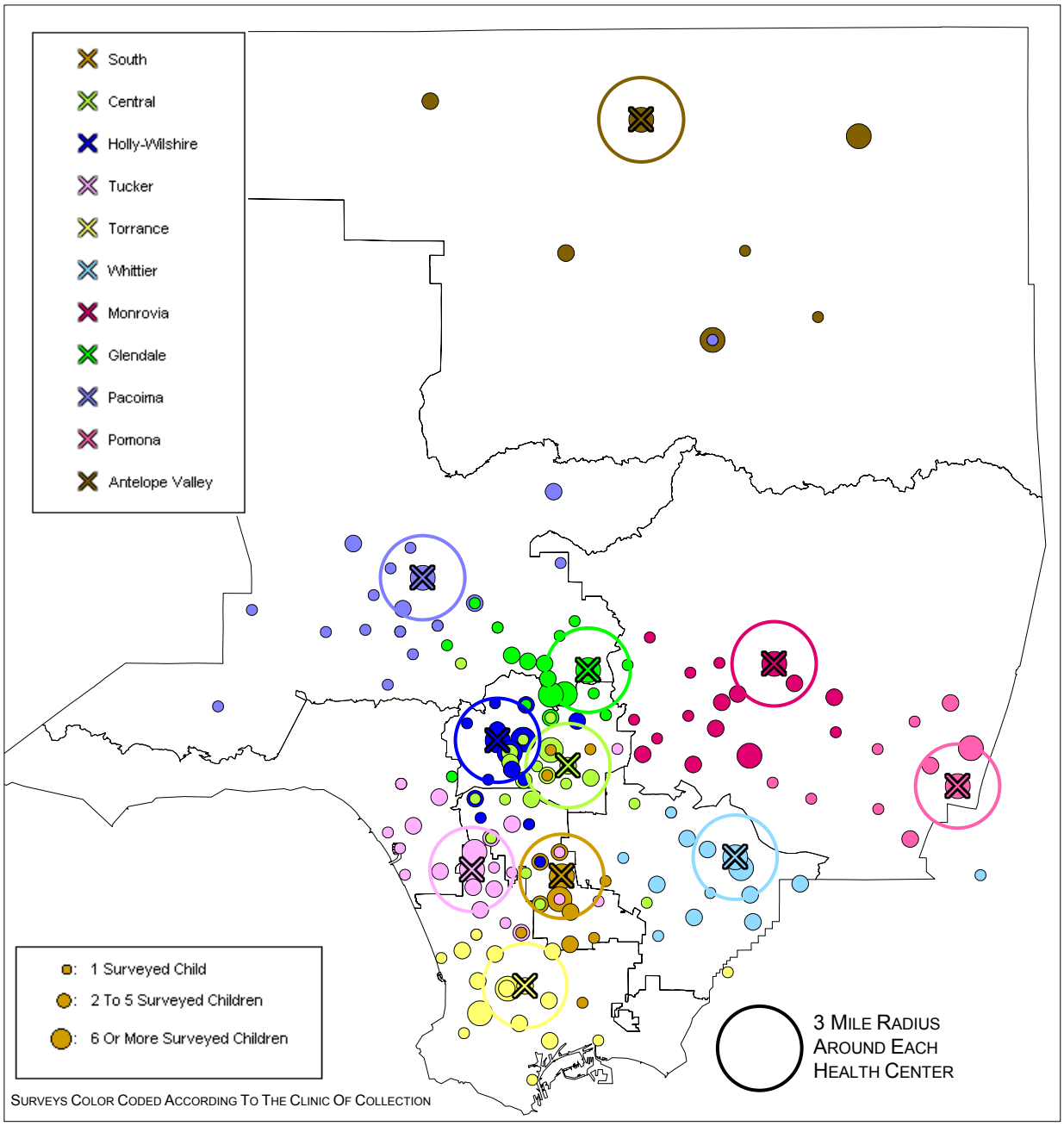


TABLE 10: TRAVEL DISTANCE TO CLINIC

	2003 11 CLINIC SURVEY (N=544)				
	n	MEAN (MILES [1])	MEDIAN (MILES [1])	RANGE (MILES [1])	STATISTICAL SIGNIFICANT DIFFERENCE IN DISTANCE TRAVELED BY PATIENT (WITH RESPECT TO EACH CLINIC)
OVERALL	**544**	**4.5**	**2.0**	**0.0 - 326**	**p = 0.94**
ANTELOPE VALLEY HEALTH CENTER	53	10.8	5.0	0.0 - 264	
CENTRAL HEALTH CENTER	48	4.4	3.0	0.0 - 14	
CURTIS R. TUCKER HEALTH CENTER	50	3.1	2.0	0.0 - 13	
GLENDALE HEALTH CENTER	51	8.9	2.0	0.0 - 326	
HOLLYWOOD – WILSHIRE HEALTH CENTER	50	3.0	2.0	0.0 - 36	
MONROVIA HEALTH CENTER	48	3.5	3.0	0.0 - 9	
PACOIMA HEALTH CENTER	46	3.2	2.5	0.0 - 30	
POMONA HEALTH CENTER	50	2.5	2.0	0.0 - 14	
SOUTH HEALTH CENTER	50	3.3	2.0	0.0 - 21	
TORRANCE HEALTH CENTER	49	3.1	3.0	0.0 - 15	
WHITTIER HEALTH CENTER	49	3.2	2.0	0.0 - 18	

[1] Distance is calculated from the center of the health center's ZIP Code to the center of the client's Zip Code.